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HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSIO:

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Guerrero, Jr.	Anthony	Rezentes	525-6345
MAILING ADDRESS (Street)			FAX
999 Bishop Street, 29th Floor			529-6088
(City)	(State)	(Zip	Code)
Honolulu	Hawaii	96	813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
First Hawaiian Bank			525-6345
MAILING ADDRESS (Street)			FAX
Same			Same
(City)	(State)	(Zip	Code)
Same			

PART II ORGANIZATIOI	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
First Hawaiian Bank		525-6345	
MAILING ADDRESS (Street)		FAX	
999 Bishop Street, 29th Floor		529-6088	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Nool Okahamashi		505 5705	
Neal Okabayashi		525-5785	
MAILING ADDRESS (Street)		FAX	
999 Bishop Street, Legal Department		525-5025	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	•	Education	Human Services	Science, Technology & Economic Development
Communic Public Utili		Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Commerce	Protection &	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Ai Preservati	rts, Historic on	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, E Environme	inergy ental Protection	Housing	Public Safety & Corrections	

Environmental Protection		
PART IV CERTIFICATION OF	FLORBYIST	
		best of my knowledge, correct and complete.
		JAN 18 2007
() () () () () () () () () ()	gnature of Lobbyist)	(Date)
PART V AUTHORIZATION TO	O LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Neal Okabayashi	Vice	President
NAME OF ORGANIZATION (if applicab	ile)	TELEPHONE
First Hawaiian Bank		525-5785
MAILING ADDRESS (Street)		FAX
999 Bishop Street, Lega	l Department	525-5025
(City)	(State)	(Zip Code)
Honolulu		0/012

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Neal L.

1/26/07

(Signature of Authorizing Officer or Person Represented)

(Date)